

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. <i>10073045</i>	FILING DATE		
						APPLICANT(S)			
CLAIMS									
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.			
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TOTAL IND.	4		↓		↓		↓		
TOTAL DEP.	30	↔		↔		↔		↔	
TOTAL CLAIMS	34								
* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS									